

Atty Docket No.: 02427/1203347-US2

Inventor: Brian Sorrentino et al.

Appin: 09/866,866

Filed: May. 29, 2001

Title: METHOD OF IDENTIFYING AND/OR ISOLATING
STEM CELLS AND PROGNOSING
RESPONSIVENESS TO LEUKEMIA

Documents:

Certificate of Express Mailing (1 page)

Transmittal (1 page)

Amendment Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (12 pages),
including Exhibit 1 (1 page)

Information Disclosure Statement (2 pages)

IDS (Citation) by Applicant (4 References) (1 page)

Check in the amount of \$405.00

SN61T9ET269A3

Via: Express Mail: Airbill No.

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Date: December 20, 2005

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AMENDMENT TRANSMITTAL LETTER

Docket No.
02427/1203347-US2

Application No. 09/866,866	Filing Date May 29, 2001	Examiner Q. J. Li	Art Unit 1632
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Applicant(s): Brian Sorrentino et al.

Invention: METHOD OF IDENTIFYING AND/OR ISOLATING STEM CELLS AND PROGNOSING RESPONSIVENESS TO LEUKEMIA

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	8	- 28 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within two month Information Disclosure Statement					225.00 180.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					405.00

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 405.00 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.
- ☐ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Amy G. Klann
Amy G. Klann

Dated: December 20, 2005

Attorney Reg. No.: 48,155

DARBY & DARBY P.C.
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New York, New York 10150-5257
(212) 527-7665

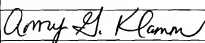
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/866,866
	Filing Date	May 29, 2001
	First Named Inventor	Brian Sorrentino
	Art Unit	1632
	Examiner Name	Q. J. Li
Total Number of Pages in This Submission	Attorney Docket Number	02427/1203347-US2

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal IDS (Citation) by Applicant (4 References) (1 page) Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Amy G. Klamm		
Date	December 20, 2005	Reg. No.	48,155